



COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
ONE WINTER STREET, BOSTON, MA 02108 617-292-5500

WILLIAM F. WELD  
Governor

ARGEO PAUL CELLUCCI  
Lt. Governor

TRUDY COXE  
Secretary

DAVID B. STRUHS  
Commissioner

## UIC NOTIFICATION FORM

### DIVISION OF WATER SUPPLY

The Underground Injection Control (UIC) program protects drinking water by regulating discharges to the ground via injection wells such as dry wells, septic systems tied to industrial processes, and other subsurface leaching systems. Pursuant to UIC regulations (310 CMR 27.00), where the potential exists for pollutants to enter an injection well (e.g. by means of a floor drain) and the presence of the pollutants causes or is likely to cause a violation of any Massachusetts Drinking Water Regulation or which adversely affects or is likely to adversely affect the health of persons, the use of the well is prohibited. With the exception of discharges authorized under the Department's Ground Water Discharge Permit program, the Department considers this prohibition to include the use of any injection well at facilities which have in the past or currently use, store, or otherwise manage hazardous materials and/or wastes as defined in 310 CMR 30.000 and 310 CMR 40.0000.

This form shall serve as notice to the DEP of the elimination of the use of an unauthorized injection well. The structural option which has been chosen to bring the system into compliance should be noted under item **I**. Submit all information and attachments for that option, as well as for item **II**, as noted. **This form should be submitted after completing the closure of the injection well.**

**I. Option** chosen for discharge system when eliminating the use of the injection well:

\_\_\_ **A. Sealing:** Plug point of entry, if applicable (see 248 CMR 2.09).

\_\_\_ 1. Copy of Form WS1: Notice of Plumbing Inspector Approval to Seal Floor Drain (where applicable), and Plumbing Permit Number: # \_\_\_\_\_

\_\_\_ 2. Date of plugging: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ **B. Tank:** Connect discharge to holding tank meeting appropriate DEP requirements.

\_\_\_ 1. Floor plan with tank location

\_\_\_ 2. Type of tank:

\_\_\_ Pre-Cast Tight Tank (DEP Permit BWP IW 01)

\_\_\_ Converted System (e.g. Converted MDC Trap) (DEP Permit BWP IW 28)

\_\_\_ Containment Basin (specified attachments required)

\_\_\_ 3. DEP permit & permit/transmittal #, where applicable: # \_\_\_\_\_

\_\_\_ 4. Date of connection: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ **C. Sewer:** Connect discharge to municipal sanitary sewer.

\_\_\_ 1. Sewer discharge permit & permit/transmittal # (from DEP and/or other administrative entity): # \_\_\_\_\_

\_\_\_ 2. Date of hookup: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SEE REVERSE SIDE**

\_\_\_D. **Other:** Certain other options may also apply (e.g. closed loop recirculating system, closure and removal of entire operation, surface water discharge permit). Specify (attach a sheet if more space necessary): \_\_\_\_\_

The following information must be submitted with this form as noted:

\_\_\_A. **Screening and Analytical Results:** This information must be submitted in accordance with criteria specified in the document entitled "Massachusetts Closure Requirements for Shallow Injection Wells."

\_\_\_B. **Waste Management Plan:** When required via the issuance of an enforcement order from the DEP's UIC program, a waste management plan specifying methods to be used to properly collect, store, and dispose of all potentially hazardous wastes shall also be submitted.

System's Previous Final Point of Discharge: \_\_\_\_\_

Number of Points of Entry to System:      before closure: \_\_\_\_\_      after closure: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location: \_\_\_\_\_

Facility Owner: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Nature of Business: \_\_\_\_\_

EPA Hazardous Waste Generator ID Number: \_\_\_\_\_

**I HEREBY CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING POSSIBLE FINES AND IMPRISONMENT.**

**I UNDERSTAND THAT I MUST HANDLE, STORE, AND DISPOSE OF ALL HAZARDOUS WASTES IN AN ENVIRONMENTALLY SOUND MANNER IN ACCORDANCE WITH ALL APPROPRIATE REGULATIONS.**

\_\_\_\_\_  
**SIGNATURE OF OWNER**

\_\_\_\_\_  
**DATE**

Any questions may be directed to the UIC Program at (617)292-5770. Complete and sign this form and submit it and all required attachments for items **I** (only the attachments for the option chosen) and **II**, to the following address:

**Underground Injection Control Program  
DEP/Division of Water Supply  
One Winter Street, 9th floor  
Boston, MA 02108**

Send duplicate copies of all forms to:

Local Board of Health  
Local Plumbing Inspector